

# Manlius Pebble Hill School

## **Manlius Pebble Hill School Concussion Management Protocol**

This policy is intended to outline the steps MPH will take to provide consistent care to students who potentially have a concussion and to support the student diagnosed with a concussion as they recover and return to school and athletics. MPH uses the [Center for Disease Control and Prevention \(CDC\) Heads Up](#) program and [New York State's Guidelines for Concussion Management](#) as resources to guide this protocol.

### **A. Concussion Overview**

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

### **B. Prevention and Education**

Prevention is an important step in concussion management. While it is not possible to prevent all concussions, MPH strives to provide a safe learning environment that limits the potential for concussions. These interventions include but are not limited to:

Age-appropriate car seats and boosters are used during transport off campus.

Athletes wear safety gear appropriate to their sport.

Coaches and Staff encourage fair play, safety, and sportsmanship.

Playgrounds are padded with mulch.

Coaches and Core Health Teachers will complete the [HEADS UP to Youth Sports: Online Training](#) (for Lower School and Middle School) and/or [HEADS UP to High School Sports: Online Training](#) (for Upper School) every year. The certificate provided at the end of the course shall be kept on file with the Athletics Director.. While these courses are aimed at coaches, Faculty and Staff who have direct contact with students are strongly encouraged to complete them also. These courses are free and cover the signs and symptoms of a concussion, as well as what to do if a student suffers any kind

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of impact to their head. The School Nurse will complete the [Heads UP Online Training for Healthcare Providers](#) on a yearly basis, with the certificate on file in the Health office.

Parents will be provided educational material on concussions and how they will be addressed by school officials at pre-season athletic meetings. They will be encouraged to read this policy. It is posted on the school's website under [MPH Health Forms](#).

## **C. Identification and Diagnosis**

Concussions can happen anywhere, but athletes are at a greater risk due to the physical nature of sports. Any person who shows or reports one or more of the signs and symptoms listed below, or simply says they just “don’t feel right” after a bump, blow, or jolt to the head or body, may have a concussion.

### **1. Observed Symptoms:**

Can’t recall events *prior to* or *after* a hit or fall.

Appears dazed or stunned.

Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.

Moves clumsily.

Answers questions slowly.

Loses consciousness (*even briefly*).

Shows mood, behavior, or personality changes.

### **2. Reported Symptoms:**

Headache or “pressure” in head.

Nausea or vomiting.

Balance problems or dizziness, or double or blurry vision.

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Is bothered by light or noise.

Feels sluggish, hazy, foggy, or groggy.

Confusion, or concentration or memory problems.

Just not “feeling right” or inexplicably “feeling down.”

Signs and symptoms often show up soon after the injury. However, some symptoms may not show up for hours or days. At first, the student might be a little confused or a bit dazed, but an hour later the student might not be able to remember how he or she got hurt.

The student should be assessed for signs of concussion right after the injury and for a few days after the injury. If concussion signs or symptoms get worse, or ever include any of the following danger signs, the student should be taken to the emergency department right away.

### **3. Dangerous Signs and Symptoms:**

One pupil is larger than the other.

Drowsiness or inability to wake up.

A headache that gets worse and does not go away.

Slurred speech, weakness, numbness, or decreased coordination.

Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).

Unusual behavior, increased confusion, restlessness, or agitation.

Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

**4. During the School Day**—Any student who receives a bump, blow, or jolt to the head or body during school hours should be brought, by a staff member or classmate, to the Health Office for assessment by the School Nurse. The School Nurse will evaluate the student using the [Concussion](#)

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Signs and Symptoms Checklist at the time of arrival, and at 15 and 30 minutes after the injury. If the injury happened the day before, then the School Nurse will evaluate the student upon arrival to the Health Office and then again as needed. If the student has no signs or symptoms of a concussion, then they will return to class, and a parent will be notified by email that their student was evaluated for a concussion because they experienced an impact to their head. The email will include the Concussion Signs and Symptoms Checklist so the parent can continue to monitor their student and seek medical treatment if the student shows signs or symptoms of a concussion.

Students who show one or more signs and symptoms of a concussion will rest in the Health Office until a parent has been notified by phone. The parent can then decide if further assessment and treatment is needed. Parents may choose to pick their student up to seek urgent medical care, make an appointment with the student's Primary Care Provider to be evaluated, or decide the student will remain at school and return to classes.

Students who have any of the Dangerous Signs and Symptoms, listed above, need emergency medical services, and 911 will be called as soon as the dangerous signs and symptoms are identified.

**5. Field Trips**—If a student is off campus for a school-sponsored event, experiences a bump, blow, or jolt to the head, and has one or more signs and symptoms of a concussion, and if there is not medical care available at the site of the field trip, the student will engage in quiet activities near a staff member until their parent can be notified of their head injury and symptoms that may indicate a concussion. The parent will then decide to: pick their child up, have the chaperone seek medical treatment for the student until they can arrive, or allow the student to continue to participate in the planned activity and return to campus per the original plan. If the student has or develops any of the Dangerous Signs and Symptoms, listed above, then 911 will be called as soon as the dangerous signs and symptoms are identified. The School Nurse will be notified, via email, for follow up on the next school day. An accident report will also be completed within 24 hours and sent to the Health Office.

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**6. During Athletic Events (Practices and Games)**— Athletes who suffer a bump, blow, or jolt to the head or body and have one or more symptoms of a concussion, as listed above, will be removed from play for the remainder of the day. The athlete's parent will be notified by the coach as soon as possible after the event so the parents can continue to assess the athlete for further signs and symptoms, as well as make arrangements for the athlete to be evaluated by a health care provider. The coach will also notify the parent that the athlete cannot return to practice or competition until the school receives documentation that the athlete has been cleared by a Health Care Provider, no sooner than 24 hours after the impact. The coach will notify the Athletic Director and the School Nurse via email or text for follow up the next school day. An accident report will also be completed within 24 hours and sent to the Health Office.

Any athlete who has any of the Danger Signs and Symptoms listed above, needs emergency medical care, and 911 should be called as soon as the dangerous signs and symptoms are identified.

**7. After School Activities (not including athletics)** —Students who incur a bump, blow, or jolt to the head or body and have one or more symptoms of a concussion, as listed above, will engage in quiet activities near a staff member until their parent can be notified of their head injury and symptoms that may indicate a concussion. The parent will then decide whether to pick their child up as soon as possible or at their usual time. The parent will also decide if they will be seeking medical care, unless the student has any of the Danger Signs and Symptoms, listed above. If such signs or symptoms are present, 911 will be called as soon as the dangerous signs and symptoms are identified. The School Nurse will be notified, via email, for follow up on the next school day. An accident report will also be completed within 24 hours and sent to the Health Office.

## **D. Post-Concussion Management**

Concussions can only be diagnosed by a Doctor, Physician Assistant, or Nurse Practitioner. Most students with a concussion feel better within a couple of weeks. However, some students will have symptoms that last for a month or longer. Concussion symptoms may appear during the normal healing process or as the student

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gets back to their regular activities. There are factors that may make recovering from a concussion take longer. These include:

A history of a previous concussion or other brain injury,

Neurological or mental health disorders,

Learning difficulties,

Family and social stressors.

Students who continue to play a sport while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a person for a lifetime. It can even be fatal.

Once the School Nurse has been notified that a student has a concussion, an email will be sent to that student's grade-level team, notifying them of the concussion and any other pertinent information available. This will inform faculty members as to why the student is not in class, and help with the transition as the student returns to the classroom.

**1. Recovery**—It is important to consider that each student and each concussion is unique. The student's recovery should be customized based on their symptoms and needs. Once a student has received a concussion diagnosis, there are steps the student must take towards returning to their pre-concussion level of activity. These are general guidelines that will be used unless the student's Health Care Provider provides more specific orders. Parents are encouraged to review ["How Can I Help My Child Recover after a Concussion"](#)

**a. Rest**—Rest is an important first step. Students should take it easy at home for the first few days after their injury when symptoms are severe. They must limit physical and thinking/remembering activities to allow their brain to recoup. This should include no screen time or loud music. A full night's sleep, on a consistent schedule and in a quiet, dark room, is also important. Naps during the day are encouraged. Once symptoms are not as severe, the student should start with relaxing activities, then gradually increase their activity level to their tolerance. If symptoms do not worsen during an

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activity, then this activity is tolerated. If symptoms worsen, the student should cut back on that activity until it is tolerated. Parents are encouraged to communicate their student's progress and needs to the Health office and their student's teachers. This will help make the return to school less stressful for the student.

**b. Return to Academic Activities**—Students should return to school gradually, and only after they are cleared by their Health Care Provider to return. If symptoms worsen, cutting back on the activity until it is tolerated may mean staying home to rest, attending for shortened days, or withdrawing from extra-curricular activities. They may feel frustrated, sad, and even angry because they cannot return to school right away, keep up with schoolwork, or hang out as much with their friends. They should be encouraged to be honest about their symptoms and their feelings so faculty and staff can support their emotional needs as well as tailor their recovery. Students may not understand that pushing themselves to get caught up in a hurry will only delay their recovery.

Students, depending on their symptoms, may need to take breaks, do half days, be given extra time for tests and assignments, and spend less time on the computer reading and writing. The student and parents should collaborate with the student's teachers to create a plan to help the student get caught up while not aggravating their symptoms. The [Heads Up Classroom Tips for Teachers](#) provides potential interventions. Teachers or parents may also request the involvement of Academic Support or the Concussion Management Team if the student needs more assistance.

**c. Return to Physical Activities**—This is a stepwise process that starts once the student is symptom free. Again, students who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and lead to lifelong consequences, and even death. As per the 7/22 updates: students may not return to athletic activities (interscholastic sports) until they have been symptom-free for a minimum of



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24 hours and have been evaluated by and received written and signed authorization to return to activities from a duly licensed physician.

- Step 1. The student is asymptomatic at rest, back to their usual learning activities, and has been cleared by their Health care Provider to start to return to play.
- Step 2. Light aerobic activity. Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.
- Step 3: Moderate activity. Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting (less time and/or less weight from their typical routine).
- Step 4: Heavy, non-contact activity. Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, and regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
- Step 5: Practice & full contact. Young athletes may return to practice and full contact (if appropriate for the sport) in controlled practice.
- Step 6: Competition. Young athletes may return to competition.

It is important for the coaches, the athlete, and their parents to watch for concussion symptoms during and after each day's step. If an athlete's concussion symptoms come back, or he or she experiences new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him- or herself too hard. The athlete should stop these activities and rest for 24 hours, and begin the previous step once they are symptom free. Current research suggests that some level of symptoms with activity may be acceptable. What is appropriate for each person must be determined but their health care provider. If this is not addressed in the provider's orders, the expectation will default to "symptom free".

**E. Concussion Management team**—MPH's Concussion Management team will include the Athletic Director, School Nurse, Health and Safety Coordinator, Academic Support representative, Head of Upper School, Head of Middle school, a faculty



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representative, a coach, and a Core Health teacher. The team will meet monthly during the school year to discuss potential changes and updates to this policy and the status and progress of any students with an active or resolved concussion diagnosis. They will also work to provide educational opportunities to the MPH community.

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